

MEDICAL DIRECTION COMMITTEE MEETING

April 15, 2004

<u>Members Present</u>	<u>Others Present</u>	<u>Others, cont.</u>	<u>Staff Present</u>
Peter Bruzzo, M.D.	Scott Weir, M.D.	Heidi Hooker	Tom Nevetral
Asher Brand, M.D.	Ed Gordon, M.D.	Matt Lawler	Warren Short
George Lindbeck, M.D.	Loretta Gordon	Lisa Jones	Chad Blosser
Mark Franke, M.D.	Joe Lang, M.D.	Greg Neiman	Scott Winston
John Rawls, M.D.	Jeffrey Reynolds		
Stewart Martin, M.D.	Michael Berg		
Kimberly Mitchell, M.D.	James Vafier, M.D.		
Carol Gilbert, M.D.	Joseph Ornato, M.D.		

Item 1): Stewart Martin, M.D. (Chair) called the meeting to order at 10:30 AM in the conference room at the Office of EMS.

Item 2): Those present were asked to introduce themselves.

Item 3): Motion by Kim Mitchell, M.D. and seconded by George Lindbeck, M.D. to approve the minutes of the January 15, 2004 meeting as written... Motion passed.

Item 4): There was some discussion on the EMT-Basic Use of Epinephrine Sub-Committee Report. The Sub-Committee asked OEMS staff to look into the legal issues of non-affiliated EMTs carrying epinephrine. Also, George Lindbeck, M.D. agreed to Chair the Sub-Committee.

Item 5): Staff had invited Laerdal Medical and EMS USA vendors to demonstrate their products that meet the Advanced Difficult Airway Management Trainers. Both vendors gave an informal presentation and answered questions from the committee. The committee needs to define the minimum specifications for an Advanced Difficult Airway Management Trainer at the next meeting.

Item 6): Warren Short advised the committee that staff was updating the *EMS Training Programs Administration Manual* and encouraged comments from the committee on any modifications that they were aware of that should be made to the manual.

Item 7): Carol Gilbert, M.D. submitted three documents titled Critical Care Teams, Pediatric / Neonatal Teams and Wilderness / Remote Medicine Teams. **Motion by George Lindbeck, M.D. and seconded by Kim Mitchell, M.D. to accept the Medication and Procedures Schedule for the Pediatric / Neonatal Team....Motion passed.**

Motion by George Lindbeck, M.D. and seconded by John Rawls, M.D. to accept the Medication and Procedures Schedule for the Critical Care Team...Motion passed.

Motion by George Lindbeck, M.D. and seconded by John Rawls, M.D. to Accept the Medication and Procedures Schedule for the Wilderness / Remote Medicine Team...Motion passed.

Stewart Martin, M.D. advised that the Dive Rescue Specialty Team did not have any identified medications or procedures that were not being covered in the existing *Medications and Procedures Schedule*. Therefore the Dive Rescue Specialty Team could be deleted from the list.

Item 8): Warren Short and Steve Puckett advised the committee that new EMT-Basic questions were being developed and a new test would be available some time in the summer.

Item 9): Steve Puckett advised the committee the Southwest Virginia Distance EMT-Basic Pilot Program has thirty students. Southside Community College (Chuck Terrell) is interested in doing a similar type program. The Medical Direction Committee has some concerns of some of the requirements and impacts. The committee endorsed the concept but wanted some concerns clarified.

Item 10): Ed Gordon, M.D. made a presentation on the Farmville Police Oxygen Administration Pilot Program and discussed its success. From November 2002 through November 2003 there were thirty-two incidents that required oxygen administration. Cyanosis and irregular breathing were the initial protocol requirements for oxygen administration. The average response time by the police department was seven minutes on the incidents. One officer had some difficulty getting the oxygen to flow and was assisted with another officer's assistance which delayed the administration of the oxygen to the patient 30 - 60 seconds. It was also noted that Dr. Gordon had been approved by the pharmacy board to allow the officers to administer oxygen who were in contact with him as an agent of the physician.

Dr. Gordon has a police radio and was in constant contact with the officers who were administering the oxygen. The initial training course consisted of a two hour program with a six month re-training mandate by all field officers and then one hour periodic updates. There was a critique after each use of oxygen administration.

Dr. Gordon advised the committee that the program was beneficial due to the rapid response time of the officers. If the police department's response times were as long as the rescue squad then the program would not have been beneficial.

The committee requested a copy of the training program, policy and any guidelines of the program in the event a jurisdiction requests a similar program. Dr. Gordon stated that he could assist with putting together the materials requested for the committee.

It was mentioned that interest in the program has been expressed in the Thomas Jefferson EMS Council region.

Item 11): Captain George Brown - Fairfax City Fire, Lisa Jones – EMS Coordinator – Arlington Fire and Drs. Mark Franke and James Vafier were on hand to provide information on the Northern Virginia RSI Program. Chief Brown advised that the RSI Program involved cardiac technicians, intermediates and paramedics who were required to go through a sixteen hour annual continuing education and practical sessions at Fairfax. Alexandria providers completed two six hour didactic and four hour practical sessions annually. Both jurisdictions require operating suite rotations for those participants in the program. The LMA is utilized as a back up device for the RSI

Program and permission to perform RSI is via medical control consultation only. Dr. Vafier rides along with the medics on a monthly basis as a quality assurance step and advises that there has not been a single case of questioning “why did you RSI this patient?” instead it has been “why didn’t you RSI this patient”? He also advised that there were no esophageal intubations upon arrival at the hospital with either the RSI program or endotracheal intubation.

Dr. Vafier advised that they were a small system with excellent oversight by the physician with two medics on an ambulance to administer the RSI program. There are no noted differences between their Intermediates versus the their Paramedics (more experienced) success rates. Succinylcholine and norcuron are used with succinylcholine being used most often.

In the year 2002 there were 27 total endotracheal intubations (2 each by CT and 25 each by P) with a total of 12 incidents where RSI were indicated.

In the year 2003 there were a total of 42 endotracheal intubations with 14 incidents where RSI were indicated.

Dr. Vafier advised that he will be presenting an overview of their RSI program at the EMS Symposium in November.

Item 12): Tom Nevetral advised the committee that the new NREMT requirements became effective April 1 and some providers expressed concerns about losing some of their Category 1 hours when the new areas were assigned. The Office of EMS then assigned the hours back in Category 1 and called them “ALS Category 1 Adjustment Hours”. This was necessary since all of the hours would not necessarily cover the required area. Those ALS providers who are maintaining their NREMT requirements may not be allowed by NREMT to count the “ALS Category 1 Adjustment Hours” to meet the NREMT requirements.

Item 13): The Physician Assistant / Nurse Practitioner to Paramedic Bridge Program field verification form was approved which was the last step in finalizing the approval for the Physician Assistant / Nurse Practitioner to Paramedic Bridge Program. **Motion by Kim Mitchell, M.D. and seconded by Peter Bruzzo, M.D. to accept the program as presented...Motion passed.**

Item 14): Chad Blosser gave an update on the ALS Training Funds and accreditation program status to date.

Item 15): Warren Short advised that staff was working with Health Streams on the electronic submission of web based continuing education that will be available in the near future.

Item 16): Scott Winston gave an update on the Legislative Review and explained HB-1002 about the distribution of EMS monies. Scott also advised the committee that JLARC was conducting a study on possibly elevating the Office of EMS out from under the Virginia Department of Health.

Item 17): Warren Short advised the committee that the Office of EMS State Five Year Strategic Plan Work Process was taking place and he was encouraging the Medical

Direction Committee to make comments on the Medical Direction section of the plan. This section will be e-mailed to committee members and comments must be submitted to the Office of EMS by May 31, 2004.

Item 18): Warren Short discussed the Office of EMS plan to pilot an EMT-Basic Program that would utilize the completion of specific lab competencies in lieu of a state practical examination. Discussion expressed concern about the potential increase in the responsibility of the Physician Course Director to ensure that the competencies were completed. There was a motion to allow the Office of EMS to conduct the EMT-Basic Pilot program and report the findings to the committee. **Motion by Peter Bruzzo, M.D. and seconded by Kim Mitchell, M.D...Motion passed.**

Item 19): Old business – none

Item 20): New Business - none

Item 21): Public Comment - none

Meeting Adjourned at 2:45 PM

NEXT MEETING: July 15, 2004 at the Office of EMS at 10:30 AM